

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2016
NAME OF PROVIDER OR SUPPLIER EAST TOWNE		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland and Ed Miller on 03/30/2016: Information obtained from the DHSR database indicates that this facility was first licensed on 11/19/1990 for 120 beds. Based on this information, this facility must meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code for I-Institutional Unrestrained occupancies, with amendments through 1989 and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1-Based on observations, the facility has not maintained documentation in site for review. Findings on 03/30/2016: Evidence documentation of approval from the Local Fire Inspections Department approval report was not on site for review.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	<p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p>Findings on 03/30/2016: The mechanical exhaust fan is not exhausting interior air in the following room(s):</p> <p>(a) Soiled Linen "B" Hall (Not enough CFM/Odor)</p> <p>2-Based on observations, this facility has failed to maintain the flooring in the corridors. The vinyl flooring has expanded and created trip hazards to residents and staff.</p> <p>Findings on 03/30/2016: The following locations have damaged floor coverings:</p> <p>(a) "A" Hall adjacent to Main Nurse's Station (b) "A" Hall-Outside Maint. Office (c) "B" Hall-Outside Employee Bathroom</p> <p>3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles.</p> <p>Findings on 03/30/2016:</p>	C 164		

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C 164	<p>Continued From page 2</p> <p>The return-air grilles have excessive particulate build-up at the following locations: (a) All Shower Room and Bathrooms (b) Laundry Room in "B" Hall (c) TV Room</p> <p>4--Based on observation, the facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cylinder.</p> <p>Findings on 03/16/2016: There was a Type M9 oxygen cylinder on the countertop and a Type E oxygen cylinder in the corner of the Med Storage Room not in storage racks from the vender.</p> <p>5-Based on observation, the facility has not maintained in a safe and operating condition of the corridor handrails. This could affect all residents by disrupting grasping support for stability of a resident.</p> <p>Findings on 03/30/2016: The corridor handrail is loose outside Room 25</p> <p>6-Based on observation, the facility has not maintained the finish condition of the . of exterior doors and frames.</p> <p>Findings on 03/30/2016: The exterior HM door frame has peeling paint on the exterior adjacent to the Screen Porch in the "B" Hall.</p> <p>7-Based on observation, the facility has not maintained the finishes on countertops and casework.</p>	C 164		

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C 164	Continued From page 3 Findings on 03/30/2016: The countertop laminate edging is not in place located in Room 23.	C 164		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 03/30/2016: The doors at the noted locations do not latch or difficulty in operation: (a) "A" Hall Exterior Exit door drags severely located at the facility front facade (b) "A" Hall Resident Phone Room Entry door (c) Exit door drags next to Conf. Room (d) Smoke Barrier Door drags on the floor adjacent to Room 30 (e) Room A38 (f) Room B10, B24 & B48 2-Based on observations, this facility has not	C 189		

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C 189	Continued From page 4 been maintained in a safe manner because of breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that a fire and/or smoke is not contained in a room or compartment of origin. Findings on 03/30/2016: There are smoke detection and life-safety devices located at the following locations with openings in the ceiling that are not sealed with a fire-rated material: (a) Ceiling mounted Exit sign in "B" Hall (b) Library Room Smoke Detector (c) Hall Smoke Detector located outside Activity Room (d) Closet for Room 11	C 189		